

City of Cathedral City

**SUPPLEMENTAL APPLICATION FOR
OFF-PREMISES ENDORSEMENT
(MASSAGE THERAPIST)**

DATE (PERMIT EXPIRES ONE YEAR FROM DATE OF ISSUE): _____

APPLICANT'S LEGAL NAME: _____

CHAPTER 5.33 OF THE CATHEDRAL CITY MUNICIPAL CODE REQUIRES THAT AN APPLICANT FOR AN OFF-PREMISES ENDORSEMENT SUBMIT THE FOLLOWING DOCUMENTATION WITH THE FOREGOING APPLICATION:

- a) A COPY OF APPLICANT'S PERSONAL MASSAGE THERAPIST PERMIT ISSUED PURSUANT TO CHAPTER 5.33 OF THE CATHEDRAL CITY MUNICIPAL CODE OR, A RECIPROCAL PERMIT IF APPLICATION THEREOF IS NOT SUBMITTED CONCURRENTLY;
- b) PROOF, IN THE FORM SPECIFIED HEREIN, THAT APPLICANT IS EITHER A GRADUATE OF A RECOGNIZED SCHOOL OF MASSAGE OR IS CERTIFIED BY THE NATIONAL CERTIFICATION BOARD FOR THERAPEUTIC MASSAGE AND BODYWORK.

PROOF OF CERTIFICATION BY THE NATIONAL CERTIFICATION BOARD FOR THERAPEUTIC MASSAGE AND BODYWORK SHALL BE IN THE FORM OF A CERTIFIED COPY OF THE THERAPEUTIC MASSAGE AND BODYWORK CREDENTIAL ISSUED BY SAID BOARD.

PROOF OF GRADUATION FROM A RECOGNIZED SCHOOL OF MASSAGE SHALL REQUIRE BOTH OF THE FOLLOWING:

A CERTIFIED COPY OF APPLICANT'S DIPLOMA OR CERTIFICATE OF GRADUATION, OR EQUIVALENT DOCUMENTATION, ESTABLISHING THAT APPLICANT HAS SUCCESSFULLY COMPLETED THE COURSE OF STUDY FOR COMPETENCY AS A MASSAGE THERAPIST OFFERED BY A RECOGNIZED SCHOOL OF MASSAGE THERAPY AS DEFINED BY CHAPTER 5.33 OF THE CATHEDRAL CITY MUNICIPAL CODE OR CERTIFIED BY THE NATIONAL CERTIFICATION BOARD FOR THERAPEUTIC MASSAGE AND BODYWORK; AND

A CERTIFIED TRANSCRIPT FROM A RECOGNIZED SCHOOL OF MASSAGE (AS DEFINED BY CHAPTER 5.33 OF THE CATHEDRAL CITY MUNICIPAL CODE) VERIFYING THAT THE APPLICANT HAS COMPLETED A COURSE OF STUDY REQUIRING AT LEAST FIVE HUNDRED (500) HOURS OF MASSAGE THERAPY TRAINING; AND

- c) A NONREFUNDABLE DEPOSIT OF FIFTY DOLLARS (\$50.00).

I, THE UNDERSIGNED, DECLARE THAT I VOLUNTARILY CONSENT TO HAVE THE CITY MANAGER OF THE CITY OF CATHEDRAL CITY, OR HIS OR HER DESIGNEE CONDUCT THE NECESSARY BACKGROUND INVESTIGATION WHICH I UNDERSTAND WILL BE USED SOLELY TO DETERMINE THE TRUTHFULNESS AND CORRECTNESS OF THE INFORMATION I

PROVIDED IN THE ATTACHED PERMIT APPLICATION AND WHETHER I AM QUALIFIED TO BE ISSUED A PERSONAL MASSAGE THERAPIST PERMIT PURSUANT TO CHAPTER 5.33 OF THE CATHEDRAL CITY MUNICIPAL CODE.

APPLICANT SIGNATURE

DATE

CITY USE ONLY

DATE: _____ FEE AMOUNT: _____ RECEIPT #: _____

RECEIVED BY: _____

CHECK ONE:

APPROVED

☐

DENIED

☐

DATE: _____

REASONS FOR DENIAL: _____

APPROVED BY: _____ DATE: _____